

## INQUIRY SHEET Feeders

Date \_\_\_\_\_

Company Name:	Your Name:			
Address:				
Phone Number: Fax Number:				
Your local BPS Representative (if known):				
1. OPERATION:				
Maximum feed: T.P.H.				
Normal feed: T.P.H.				
Minimum feed: T.P.H.				
Variation allowed at constant feed rate:	%			
Method of supplying material to feeder:				
Feeder discharges into				
Possible slope of feeder degrees down				
☐ Variable rate ☐ Mechanically ☐ Remote, varia	ble speed			
Unusual operating conditions (high temp. zone, dirty atmosp	•	v:		
Duty Cycle: Continuous hrs. Inter				
2. PRODUCT:				
Material to be handled:				
Test samples being furnished? (1 cu. ft. req'd - send prepaid	d): 🗌 Yes 🔲 N	No ☐ Return	☐ Destroy	
Weight per cu. ft.: lbs. Angle of Repose:			•	
Material Characteristics:	☐ Abrasive	☐ Granular	☐ Corrosive	☐ Wet
☐ Sticky ☐ Powdery			☐ Toxic	☐ Fluff
Other (specify)				
Particle Size: Max Min Moistur			temperature	0
Other Comments:				
Have you handled this material previously? ☐ Yes ☐ No	)			
If so, please give comparison of present application with you		t:		
		•		
2 CONSTRUCTION.				
3. CONSTRUCTION:	<b>–</b>			
Trough material:   Mild Steel   304 Stainless   316				
Frame Paint Finish (specify):				
Type of trough preferred: ☐ Flat ☐ Tubular				
Size trough desired: Width or diameter				
Special construction features required (covers, dust seals, s	pecial inlets or dis	charges, mounting	s, etc.):	
Honner required?	Congoity in subi-fi	not:		
	•	eet:		
If vibratory, indicate drive position: Above deck Sta				
Type of mounting:   Suspension   Base supported	☐ Base by cus	tomer		
4. POWER SUPPLY:				
Pneumatic P.S.I.: C.F.M. Available:	☐ Flectric Volta	ue. Dha	se· Cv	cle:
Controls to be NEMA rated.  Dust Tight [		-	-	OIG
If hazardous area, specify: Class: Group	_	·		